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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

VERATRUM VIRIDE.

By D. W. JONES, M. D.,

Of Ellensburg, Center county, N. Y.

With regard to this drug I venture to make the assertion that, however well established its therapeutic value, or well defined its physiological effects, that a great majority of our profession fail to recognize its importance or avail themselves of its potent properties. There are various reasons for this. By some it is regarded as too powerful a remedy, under any circumstances, to be left at the bed-side of any patient.

Having seen its effects culminate in seeming general prostration and apparent diminution of vital action, they become intimidated in their use of it, and if they prescribe it at all it is in infinitesimal doses, which fail to produce its specific effects, and so the remedy in their hands falls into disuse, and every practitioner within the reach of such a physician's influence, excepting those whose faith in the drug cannot be shaken by adverse testimony, has diminished confidence in the use of it. There may be other causes which conduce to this result, depending upon variations in the method of preparation, variations in strength, or from extreme differences in the susceptibilities of different constitutions. After an experience of eight years with the drug, during which time it has occupied a prominent place in my "*armamentarium medicum*," I can confidently recommend it as a drug possessing the most powerful remedial effects; adapted to a greater variety of cases;

the most certain in its action, the most satisfactory in its results, and where judiciously employed, as safe in its administration as any remedy in the materia medica. But I wish in this paper to speak particularly of its use in two classes of cases, to one of which it is peculiarly applicable and remedial, and to the other, where used to the same extent, deleterious, viz.: the phlegmasia and the zymoses. Of the latter class I shall refer particularly to the exanthemata.

Of the peculiar adaptability of veratrum viride to inflammatory affections, and of its powerfully remedial effects, there can be no doubt in the minds of those who have thoroughly tested its therapeutic value, and if beneficial in this class of diseases then, *a priori*, it is adapted to the majority of diseases which affect mankind. For although I do not hold to the Broussaisian theory of disease, ascribing all diseased action to a local inflammation, yet it is "beyond all comparison the most important of diseased conditions, either attending or forming a part of the great majority of diseases and constituting their chief danger." Of its *modus operandi* in the disease under consideration, the most plausible theory is based upon the power to diminish the action of the heart and contractile power of the arteries. It is true that inordinate action of the heart is not the cause of inflammatory diseases, but simply the reaction of the system from some local irritation, and one of the most prevalent ideas in medicine has been the reduction of the heart's action in these diseases. For this purpose blood-letting has been the sheet anchor; antimonials and digitalis, adjuvants. Veratrum viride accomplishes this desired object safely and effectually.

ally, acting as a sedative to the circulation, without the loss of vital fluid attending venesection; the risk of the cumulative action of digitalis, or the debility consequent upon administering the antimonials. On the contrary, while the circulation is depressed, the intelligence and vitality of the patient are enhanced, and when brought gradually under the influence of the medicine the patient is sure to "feel better;" and at such times I have repeatedly been told that my services were no longer needed, as the patient was "well."

Veratrum viride diminishes the force and rapidity of the heart's action. How this is produced—whether primarily through the pneumogastric nerve, and secondarily through the sympathetics, or primarily upon the latter; whether affecting the nerve centers, the periphery or the whole nervous tract, is as yet mere hypothesis; but of the fact we are certain. Then what effect does this produce in an abnormal state of the system? or considered with regard to this specific lesion, what are the results of its administration?

In order to comprehend fully its powers in inflammatory affections, let us look for a moment at the theory of inflammations. The one which has received the most support has been based upon the hypothesis of vital expansibility in the capillaries, whereby, upon the application of an irritant, either immediately to the part or immediately through the intervention of the circulatory, or nervous system, dilatation in the capillaries takes place, and an increased quantity of blood circulates through the diseased part in a given time; the action of the heart is accelerated, the *vis a tergo* consequently increased, and the disposition to congestion still further augmented. It is by this constant pressure from behind that the train of symptoms in a phlegmon, whether of the areolar tissue upon the exterior of the body, or affecting any of the vital organs, is forced rapidly to the point where exudation takes place, and from which is to follow either resolution and absorption, or suppuration. Now the peculiarly beneficial effects of *veratrum* are experienced at that point where, in the initiatory stages of the inflammation, congestion in the part has taken place from vital expansibility, and stagnation with effusion has not yet been reached. Here is where *veratrum* has the power to abort an inflammation, and that it has this power none can deny. If

quinine has any control over the periodical and miasmatic diseases; if arsenic exerts any curative influence over cutaneous eruptions; if opium can produce stupor, castor-oil purge; just as surely and as effectually, where properly administered, will *veratrum* control and abort the phlegmasiæ. But it is not by simply diminishing the *vis a tergo*, which other arterial sedatives, to a certain extent, have the power to do, but also by causing a contraction of the arteries. The reduction of temperature which follows the administration of *veratrum* indicates that the metamorphosis of tissue, by which the heat is produced and sustained, is interfered with, showing an influence over the *vasor motor* system. This influence causes contraction of the muscular coats of the arterioles, and still further reduction of the flow of blood in the part affected.

These statements might appear to conflict with the experiments of T. WHARTON JONES, showing that when the *vis a tergo* of an artery is suddenly diminished, congestion in the capillaries and venous radicles to which the artery leads is established. But we must consider that the means he used were mechanical, and the obstruction sudden and complete; and we must also bear in mind that, in inflammations, congestion or the tendency thereto are already established, and even though the suspension of the force from behind was suddenly effected, the usual consequences could not follow, the results having already been forestalled by the disease.

Veratrum viride has by some writers been recommended in all diseases with increased frequency of pulse. Says one writer upon the subject: "*Veratrum* is a heart medium, and the indications for its use should ever be the condition of the heart—rapidity of the pulse, this and nothing more." "In all diseases, of all ages, and under all circumstances, no matter how excited the system, or how prostrated the patient, rapidity of the pulse is the indication for the use of *veratrum*." Again: "In scarlet fever it has extraordinary powers," etc. In the exanthemata I regard it as very important that great care should be used in prescribing this remedy; care not to carry the effects of the remedy so far as to entirely destroy the balance between the arterial and venous circulation. In scarlet fever the great rapidity of the pulse suggests at once the most powerful arterial sedatives

at our command; we naturally turn to veratrum.

Now, after an experience with the remedy in several severe epidemics of scarlet fever and measles, I am convinced that powerful arterial sedatives, and particularly the one under consideration, are contraindicated, except when the violence of cardiac contraction threatens the congestion of some vital organ, or to procure its partial effects in allaying the excessive arterial action accompanying scarlet fever. In severe cases the remedy should never be continued until marked nausea is produced, this symptom being indicative of the full effects of the remedy, but simply to obtain a diminution of the force and rapidity of the heart's action. In the zymotic diseases the "concoction," if I may be allowed the expression, of the virus culminates in a violent disturbance of the system. The conservative power of the organism is exerted to eradicate from the system the *materies morbi* of the disease. *Veratrum viride*, administered at this time with the view of producing its specific effects in the same manner as when administered to abort an inflammation, would interfere with the elimination of the poison, by establishing a condition of things exactly the reverse of that which nature effects. The functions of the vascular, nervous and glandular systems, by which the "*vis medicatrix nature*" attempts a cure, are deranged, and the poison being retained in the system, upon the suspension of the remedy the same train of symptoms recur.

In the advocacy of a new remedy due allowance should always be made for the zeal of him who discovers its merits and brings it to the attention of the profession; for he will usually not fail to see beauties, powers and virtues, where a less prejudiced mind would discover nothing extraordinary. But that time with veratrum has passed, and although the commendations of Drs. Osgood and Nonwood were characterized by all the extravagant encomiums, by which such advocates are usually actuated, yet, contrary to the general experience, their statements have been abundantly verified by years of practice, and a more thorough knowledge of the drug will lead to a higher appreciation of its wonderful powers.

CLINICAL NOTES.

BY F. K. BAILEY, M. D.,

Of Knoxville, Tenn.

HEMORRHAGE FROM THE UTERUS.

This is a very common ailment, and one which every medical man is called upon to combat. It is considered by woman as demanding attention, and they expect to be relieved when applying to a physician. During and after labor, fatal hemorrhage often occurs, and to obviate such a contingency, we should ever be on the alert.

We often meet with cases in which, by reason of premature rising after labor, or from excessive exertion in the first months, a "wasting" will occur, causing debility and a failure of the vital power.

The following case is given as one in point. March 1, 1872, called to visit Mrs. M., æt. 24. Short and stout built; dark hair and eyes. Has two children. After the birth of the first, she did well, and experienced no trouble whatever. The second was born in November last, and being compelled to remove from North Carolina to this city in January, the journey proved too much for her strength. During the whole time since the child was born, till I saw her, there had been more or less loss of blood, attended with pain in the lumbar region, and a "dragging weight" through the whole pelvis. There was dysuria, constipation, coldness of the lower extremities; slow, small and feeble pulse; and at night a severe headache, worse on one side. The tongue was flabby and pale. Anorexia, flatulence, and at times a condition approaching hysteria.

The weather was not very cold, but chilly and damp.

The family "had seen better days," and were more intelligent and well bred than the surroundings indicated. Considering the case one of sub-involution, I prescribed pulv. Doveri at bed-time, a laxative, and the following mixture:

R. Bromidi potassii, aa ʒij.
Iodidi potassii, ʒij.
Syr. sarsae comp., ʒij.
Fluid ext. secale cornuti, ʒss.
Syr. simplicis, ʒss. M.

Sig.—Teaspoonful three times daily.

Ordered emplastrum roborans to be applied to the lumbar region, and to have nutritious food.

3d.—All "flowing" has ceased; pain and weakness in the back relieved; sensation, as if "a joint in the spine was gone," no longer felt.

8th.—Patient feels entirely free from pelvic uneasiness, but is still weak.

31st.—Entirely well and has felt strong for some days.

Cases like the above are of frequent occurrence and often lead to tediously chronic ailments. It appears that the uterine parietes are not restored to the unimpregnated condition, leaving the organ still too large, and consequently heavy and dragging upon the suspensory ligaments. The cause of this condition is probably a patency of the uterine vessels from want of tonicity or contractibility. It is claimed for ergot that it produces a contraction of blood vessels, and of course a diminution of the thickness of uterine parietes, which is made up of the remains of blood vessels.

The bromide of potassium also appears to act upon the spinal nerves, in a manner claimed by some as similar to the action of ergot.

The iodide of potassium was added in this case to promote absorption of tissue.

March 25, 1872.—I was consulted by a very respectable mulatto woman, set. about 45, who had of late suffered much from menorrhagic flowing during the period and after it should have ceased. There was the usual lumbar pain and weakness complained of, and I gave her some powder of opium and acetate of lead, which produced no relief. I then prescribed as follows:

R. Iod. potassii, ʒij.
Syr. zinziberis, ʒj.
Fluid ext. ergot, ʒss.
Tr. cinch. comp., aa ʒss. M.
Sig.—Small teaspoonful three times daily.

After taking the mixture one day, the show stopped, with a relief of all the unpleasant symptoms, except that a slight leucorrhœal discharge continued. In the *Medical Gazette*, July 22, 1842, and quoted in Braithwaite, part vi., p. 88, is an article by M. PAYAN, on the ergot of rye in paraplegia. Its action is attributed to the effect upon the spinal cord, and was favorable in three cases which are given.

The treatment of hysteria in a certain form by M. NARDO (*Edinburgh Medical Gazette*, January, 1843), by means of ergot, involves

the same principle, as his cases are dependent upon atony of the genital system.

Dr. GRAILY HEWITT, in 1862, contributed an article to the *Lancet*, upon ergot in menorrhagia, in which a case is cited where the hemorrhage was arrested after the first dose of the medicine.

March 23d ult.—A colored woman called at my office complaining of uterine pains, dysuria, etc., with a menorrhagic flow which had troubled her for some time. She was inclined to be anasarous. There was a loose, flabby condition of the tissues generally, and on digital examination per vaginam I found the os uteri patent, with pointing edges, somewhat thickened and everted. The womb was slightly prolapsed, but mobile, and appeared increased in size and weight. Prescribed as follows.

R. Bromidi potassii, ʒij.
Syr. simplicis, ʒj.
Fluid ext. ergot, ʒss.
Liquor iod. ferri, ʒij.
Essence cinnamon, ʒij. M.
Sig.—Teaspoonful three times daily. To repeat if she is not better.

April 7th.—The husband called and reported that his wife was better as long as the medicine lasted. A change was apparent on taking the first few doses; continue ergot, twenty drops fluid ext., neam et nocti.

The internal use of ergot has generally been confined to cases of hemorrhage during and after labor. That uterine contraction follows its use admits of no question. Of the philosophy of its action but little is known. In the January number of *Braithwaite* is an article by Dr. JAMESON, Berwick on Tweed, upon the subcutaneous injection of ergotine in hemoptysis. He cites a case when this measure at once stopped hemorrhage, and other cases are lately published in which the effects of ergot in loss of blood are very apparent. I intend to follow up its use in all cases of passive uterine hemorrhage, as well as leucorrhœa, which is oftentimes an allied condition.

In the *REPORTER* for January 29th, 1870, I reported some cases in which nitrate silver was applied to the os and cervix for menorrhagic loss of blood, and with success. Since that time the same means have been employed, and with equally good results.

Ergot, in connection with topical applications, may profitably be used in all passive hemorrhage from the uterus, whether from

excessive menstruation or in consequence of subinvolution.

Why not give ergot in leucorrhea or uterine catarrh?

In *Braithwaite*, part lxi., art. 78, is an article on the treatment of some forms of menorrhagia, by Dr. LOMBE ATTHILL, in which the writer mentions using nitric acid applied strong, with good effects. The philosophy of its action upon the mucous tissue of the fundus must be the same as that of the nitrate silver applied in the stick. Dr. A. cites one case in which ergot and astringents had been exhibited by the mouth, but without effect. He found granular ulceration of the os and cervix uteri; dilated the os with sea tangle and continued with nitric acid.

In cases where ergot or astringents will not produce a good effect, we have reason to suspect a diseased condition which can only be cured by cauterizing. In the early years of my practice it was a popular notion, and probably gathered from medical authority, that the menorrhagia so common about the limacteric age was not susceptible to treatment, and that nature would, in her own time, bring all things out right. I have been conversant with many such cases, and found that the function would be suspended for a period of from two to six or eight months, and then return with a copious hemorrhage.

During the two years that is generally occupied in the transition, from three to a dozen recurrences of menorrhagia take place. Undoubtedly many women have been the subjects of chronic engorgement of the uterus during the periods alluded to, which might have been relieved by remedial measures seldom resorted to then, but very commonly employed at the present day.

HOSPITAL REPORTS.

JEFFERSON MEDICAL COLLEGE.

Clinic of Prof. S. D. Gross.

[REPORTED BY MR. FRANK WOODBURY.]

Case of Necrosis of Tibia.

This patient, a boy, *æt.* 8 years, complained of constant pain in the leg, on the anterior aspect of which were two fistulous openings discharging an irritating, offensive, ichorous fluid, containing at times fragments of dead bone. The parts directly around the openings were tender to the touch, and slightly discolored and swollen.

The history of the case shows that in December, 1869, the shin was violently struck with a barrel stave. Some local inflammation supervened, upon the accident, which subsided on the application of the usual remedies. About four months afterward he had severe pain in the tibia, at the site of the injury; followed by suppuration, ulceration, and discharge of pieces of dead bone through two openings which still persist. The probe introduced into the sinuses comes into contact with a rough surface, showing the existence of dead bone in the shaft of the tibia, which has perceptibly increased in thickness.

The lecturer said that this was necrosis plainly enough, but in regard to its predisposing cause, in this case, he was unable to speak positively, not having a previous acquaintance with the patient. The immediate or exciting cause was the periostitis induced by the injury, followed by inflammation of the bone.

This disease occurs most frequently in young people, and is generally due to a constitutional vice or taint of the system. Children with the strumous diathesis, the light eyebrows, pallid complexion, blue eyes, etc., are the usual sufferers; and apparently trivial causes are sufficient, in such subjects, to light up the disease. Some authors consider this a scrofulous affection, others syphilitic. Whether it is called strumous or by any other name, if it is traced back to its origin, in all human probability we should find it to be syphilis. We know that tertiary syphilis will cause necrosis, and that hereditary or quaternary syphilis is the great producing cause of these diseases in children. The sins of the fathers are visited on the children; although the cause is sometimes in the weaker branch of the family tree.

Necrosis is most common in the superficial bones, or those which lie immediately under the skin, as the tibia, ulna, lower jaw, clavicle, inferior portion of the femur and the phalanges of the fingers. It is distinguished from caries by the fact that it prefers the shafts of the bones, or the part where there is most compact tissue; while caries commonly attacks the epiphyses, and the flat bones where the cancellated structure predominates. In its origin, necrosis may be idiopathic or traumatic, depending upon a constitutional or a local cause. In the great majority of cases it is due to a specific poison in the blood; an exceedingly obnoxious form of it is caused by exposure to the fumes of phosphorus; it may also be produced by the abuse of mercury; and probably by any cause which induces an extensive impoverished condition of the blood or solids. Among its local causes are the various forms of injury to which bones are subject. Contusions, fractures or wounds, may be followed by necrosis; and sometimes a sudden blow, denuding a limited portion of bone of its periosteum, will cause the death of the part by depriving it of its nutrition. Necrosis of a bone is essentially the same as

mortification or gangrene of the soft parts, although slower in its action, owing to the difference in structure, the earthy matter modifying its action as it does the other diseases to which the bones are liable.

[Chloroform was administered; then, taking the sinuses as his guide down to the diseased structure, enlarging the opening sufficiently, Prof. Gross, with a chisel and gouge, dug out all the dead bone and spoiled lymph, in the same manner that a dentist cleans out a carious tooth by scraping away the diseased parts down to the healthy tissue. He remarked that there was no reason why a cavity in a bone might not be filled, the same as a tooth, by a gold plug, *except* the expense. It would save nature a long and tedious reparative process. In inflammation of the bones there is always increased vascularity, making this a bloody operation. There is also, from the same cause, much softening, so that we know when we get to the healthy bone beneath, from its comparative hardness and resistance to the instrument. The work is only half done if any of the diseased bone is allowed to remain after the operation, as the smallest quantity will become the germ of a fresh growth, thus necessitating a repetition of the operation, which often is required. After cleaning out the cavity, it was carefully washed out with a syringe to remove the chips of bone and fragments of lymph. After the operation was completed a dose of morphia was given hypodermically. The limb was directed to be kept elevated; wet with a weak solution of Goulard's extract for three days, and then a poultice of slippery elm applied.]

R. Potass. iodidl, gr. ijs.
Hrdrag. chlor. corros. gr. 1-5. M.

Sig.—In pill three times daily before meals.
Excision of Mammary Gland.

Mrs. S., the mother of one child, has suffered for two years and a half from slowly increasing tumor in her left breast. This tumor is hard, nodulated, movable, unconnected with the pectoral aponeurosis, and involves the entire gland, which is considerably enlarged. The parts around are not very tender to the touch, nor are they discolored or cedematous; the skin over the tumor is natural and the nipple is not retracted. Some of the lymphatic glands toward the axilla are enlarged. She has experienced no sharp or severe pain, but describes it as being dull and constant, and has probably suffered more from the uneasiness and anxiety due to the presence of the tumor than from its direct effects. In appearance she looks stout and healthy, the constitution apparently not being involved.

The tumor is non-malignant. From its hardness the name scirrhus might be appropriately applied to it, but this term has been restricted to carcinoma. Although scirrhus frequently appears in this situation, yet the diagnosis excludes it here, from the fact that it has not involved the adjacent structures from

its tardy development; and from the fact that the nipple is natural. In scirrhus the interstitial deposits of cancerous matter around the galactophorous tubes cause a retraction of the nipple, which is characteristic of the affection. This tumor probably belongs to the adenoid variety, which is frequently found in this situation as well as in the thyroid and prostate glands. It is not a sarcoma, because it would have attained a much greater size at the same time. The prognosis is favorable; being non-malignant it will probably not return after excipation.

[The anæsthetic was then administered and the patient's arm extended so as to make the integument tense. Two elliptical incisions, embracing the breast, were then made, commencing near the axilla at the site of the enlarged glands, then running inward and downward, terminating in an almost vertical cut, so as to prevent the accumulation of pus and allow free drainage. After removing the tumor and the enlarged lymphatics, a wet towel was laid in the wound. To guard against secondary hemorrhage the wound was allowed to remain open for four or five hours, at the end of which time it was closed with sutures and adhesive strips; then dressed with oxide of zinc ointment and covered with oiled silk, the dressing to remain for three days. In warm weather the wound should be dressed every day.

On section of the tumor it is found to have a nodular appearance, quite unlike scirrhus, although nearly as hard. In its interior there was a small quantity of seroleaginous fluid not at all resembling the lactescent fluid or cancer juice of malignant growths. When examined under the microscope by Dr. BERTOLLETTI it showed a fibrous texture, in which is found granular matter giving a few nucleated cells, mingled with a considerable number of fat granules.

These cells resemble the atrophied or degenerate elements which are found in carcinoma of many years' standing.

We will watch the patient for four or five months for any evidences of the return of the disease; the prognosis, however, is favorable.

Four days after the operation the greater part of the wound had healed by the first intention, and the patient was doing well.]

Severe Eczema of the Wrist.

This lady, æt. 45, has had for four months a violent eczema of the wrist and back of the hand, which is considerably swollen, and discharges a watery fluid. She complains of the intense itching; says she does not sleep well and appetite is poor.

R. Quinise sulphatis, gr. j.
Tinct. ferri chloridi, gt. xxv.
Liq. potassæ arsenitis, gtt. viij. M.

Thrice daily.

Apply locally the ung. zinci oxidil, spread on a piece of muslin.

This disease sometimes affects the entire surface of the body. Prof. Gross has seen

several instances of this in which the patients were covered from the crown of the head to the sole of the foot. The genitals, nose and lips, are most frequently attacked; sometimes the disease will change from one part of the body to another.

HEBRA would call this a local affection, and treat it altogether by local measures, but the lecturer considers that it depends upon a vicious condition of the blood, from disorder of the digestive apparatus generally. All skin diseases are varieties of inflammation, and most of them call for some internal treatment. There yet remains to be written a great book on the subject of skin diseases, as the multitude of works of that title seem to aim at confusing rather than elucidating the subject.

MEDICAL SOCIETIES.

ONONDAGA COUNTY, (NEW YORK), MEDICAL SOCIETY.

The regular quarterly meeting of the Onondaga County Medical Society was held April 9th, at the Supreme Court room, in Syracuse.

The session assembled at eleven o'clock, with the following physicians in attendance:

Drs. Dunlap, Plant, Porter, Benedict, Bennett, Campbell, Mumford, Morris, Cook, McDonald, Searle, Van de Warker, Tefft, Kendall, Van Dyne, Wiggins, Moon, Ferry and Wallace.

Dr. Tefft was called to the chair, and Dr. Van Dyne acted as Secretary.

Drs. Wallace and McDonald were excused from reading essays until the annual meeting.

Drs. Wiggins, Bennett and Cook were appointed a committee on Credentials.

Cases of

Spotted Fever

were reported by Drs. Bennett, Kendall, Wiggins, Dunlap and Cook, with remarks on the treatment.

Dr. Porter had had, a few weeks ago, a case of cerebro-spinal meningitis or spotted fever. He found the patient with the head drawn back, comatose, partial paralysis of the left side, and spots on the body. He had seen cases years ago, and had now no confidence in calomel and quinine. He gave five grains of ergot and four grains iodide of potash every eight-and-forty hours. He afterward added one grain of quinine every 24 hours, and the child recovered. He had given the potash to another patient formerly, who did not speak for 17 days; that patient recovered. Other cases of children, one an infant taken at four o'clock A. M., and the other five A. M. They had spots as marked as blood; the older daughter was taken with it, and in the midst of all the mother was confined and had the fever also. The whole family of nine soon

came down with the disease, and three died. He had given calomel and it had seemed to act well for a time, but suddenly there would be a change and the patient would die. From what he had learned he thought that iodide of potash was the best remedy; it acted as an alterative and an absorbent. The ergot enabled the blood vessels to contract; the tonic treatment with quinine was all that could be recommended of that.

Dr. Morris thought the poison was something like that of malaria. He had seen children a little sick, and the circumstances led to the belief they had the fever.

Dr. Dunlap used the iodide of potash largely after the first acute stages had passed. He thought also the spotted fever was produced by poison. The mercurials were given as an alternative in the first stages, and continued for a time for the same reason. He had not experienced such marked effects from potash as had Dr. Porter.

Dr. Campbell reported former cases treated. They had been mostly those of children. After consultation counter-irritation of the spine was recommended. Most all the patients died. He had but one case this winter. Those he had seen had not the eruption that had been mentioned; they had the herpetic eruption. He thought if the patients did not die the first week their case would be protracted. He had used iodide of potassium, but would first use mercury effectually. He had had cases of roseola that resembled those that had been reported.

Dr. Kendall had many cases in '56 and '57; there was a chill, vomiting and pain in the back of the head and spine; and he had in four months nearly one hundred cases, and old physicians had never seen such a disease. The spots were as large as a penny and looked like venous blood just beneath the cuticle. There had then been no cases in Syracuse, but it broke out here the next winter. The disease seemed to follow the river. He thought the cases reported had been in different stages. If he could get one active purge from calomel early in the stage of the disease he knew his patient would live some time. Dr. Porter's treatment of calomel was first recommended; he would also use the counter-irritant and stimulants. The calomel in the early stage was the heroic remedy and the remedy. After his calomel action he used the iodide of potash, although he had never tried ergot; he got the effect from calomel, which he did not think he could get from a cathartic of anything else.

Dr. Porter said the first symptoms sometimes were chill and intermittent fever; this took place on the border of the lake; on higher ground the spots came out; a family that had suffered most severely was living on the banks of a canal in a most malarious district, and lived on poor food.

Dr. Bennett thought spotted fever was essentially the result of inflammation.

Dr. Morris confirmed Dr. Porter's opinion in regard to bad food causing disease. The Society adjourned to 1:45 P. M.

AFTERNOON SESSION.

Dr. Benedict continued the discussion of the forenoon topic. He believed the disease prevailed here was not the true spotted fever. Several cases were reported in detail, the symptoms of which were similar to those. His initial treatment was a free use of mercurial cathartic and followed by bromide of potash in full doses, as could be borne.

Dr. McDonald presented a case that was either fracture or dislocation of the ankle, and requested the opinion of the physicians as to whether it was fracture or dislocation. The patient had been wrestling with a friend in his room when the accident occurred.

Dr. Van Duyn related a case of obscure disease in which great debility with dyspepsia occurred, the result of death.

Dr. Morris introduced a patient suffering from skin disease which began at the elbow.

Dr. Campbell reported a case of hysteria.

Rheumatism.

Dr. Moore read an essay on the treatment of rheumatism with carbonate of lithia. Dr. Cook confirmed the experience of Dr. M.

Dr. Kneeland and Dr. Doyle continued the rheumatic discussion. The latter affirmed that a physician of his acquaintance had drank sixty bottles of lithia water with no effect. His prescription was:

R. Iodide potash,	3ij.	
Nitrate potash,	3ij.	
Wine of colchicum seed,	3ij.	
Camphor water,	3ij.	M.

A teaspoonful of the above mixture after meals, and don't eat any sweets or acids. When it acts too strongly on the bowels reduce the dose.

The rheumatic question elicited considerable discussion. Nearly all who spoke had their peculiar remedies; some recommended acids, more didn't.

Dr. Didama recommended the alkaline treatment; he had used the acetate of potash and usually the pain went away in two or three days. When the large doses of alkali were used they should be largely diluted, so that they would act upon the kidneys and blood. When large doses are taken a goblet full of water should be given, or some other drink. If the patient were thus properly treated the disease would be cured and no heart complaint. The recommendation of Dr. Moore, in regard to lithia should follow in his next rheumatic case. He insisted that when he gave an ounce and a half of acetate of potash in twenty-four hours, such patient should take with each dose not less than half a pint of water.

Dr. Kneeland and Dr. Mercer had relied on acetate of potash. The latter had combined it with colchicum. After the urine was cleared up he gave quinine.

Dr. Wallace recommended chloral. The dis-

cussion was continued by Drs. Morris and Porter. The latter found great benefit from colchicum and the acetate of potash. After the former had its effect on the bowels the patient commenced to improve.

Spotted Fever.

Dr. Didama was called out on his treatment of spotted fever. He responded that he should wait some time before he used the bromides. When the disease was treated in Clay the bromides had failed. He had five or six cases lately and had used tonic treatment, cleaning them out thoroughly with mercury and applying mustard all over them. Within twenty-four hours he gave them quinine, four grains twice a day.

Dr. Dunlap reported that he had seen no good effects from the bromides. The mercurial and sustaining treatment was his course.

Dr. Dallas seven or eight years ago had given mercury, bled the patients, and then given quinine. A good, thorough mercurial cathartic and quinine, with counter-irritation, had been his plan.

Dr. Campbell thought upon the hills quinine could not be given in as large doses. There was little difference among the doctors after all.

CASE OF DR. WHEDON.

George D. Whedon, M. D., sent in the following:

Dear Sir:—Unjust charges, detrimental to my moral character, having been made against me through the city press and in other ways, I resign my membership with the Onondaga County Medical Society until such a time as I can fully vindicate myself therefrom.

Dr. Kneeland read the following resolution of expulsion against Dr. Whedon:

Resolved, That the Onondaga Medical Society having regard to its honor and good name, feels constrained to expel George D. Whedon from this society; such a case as his appears to demand prompt expulsion.

Dr. Benedict seconded the resolution of Dr. Kneeland. The society could no less than protect itself by expelling him.

Dr. Porter said the society wanted no such man as Dr. Whedon in its body. He had been guilty of crime, and had paid a fine formerly, so the district-attorney had said. When Whedon was admitted into the society he (the doctor) had thought he had reformed.

Dr. Van de Warker read the following affidavit:

State of New York, Onondaga county, ss.—
Asa C. Fyler, of Syracuse, in said county, having been duly sworn, deposes and says that on or about the 2d day of October, 1871, deponent called on Dr. G. D. Whedon, at his office, No. 40 Clinton street, in said city of Syracuse, to talk with him in reference to Frances P. Fyler's sickness; that the said Dr. Whedon, at that time and during that conversation, told deponent that he, the said Dr. Whedon, was the man who seduced Miss

Fyler, and that he was the father of her child; that they, the said Dr. Whedon and Miss Fyler, were engaged to be married, and as soon as Frances got well he would marry her, and that he thought she would make him a good wife. The said Dr. Whedon further said during the same conversation that he did not procure abortion upon Miss Fyler, but told her where to go to have it done, and that he offered her money to pay for the operation.

ASA C. FYLER.

Submitted and sworn to before me on the 8th day of April, 1872.

J. P. BALLARD, Notary Public.

Dr. Benedict said he called at Mr. Eastman's house and found Miss Fyler suffering from the pains of parturition. He found the case one of abortion or miscarriage, four months advanced. Mrs. Eastman had learned from Miss Fyler that Dr. Whedon was the man. Mr. Fyler saw Dr. Whedon, and he admitted, in a cold and heartless way, that he had seduced Miss Fyler, and said that he didn't know that it had amounted to much; every man had done and was doing the same thing when he could get a chance to. When asked if he would marry Miss Fyler he had said, in a cool way, "He didn't know but that he would; he supposed he liked Frances just about as well as he did all other women."

Dr. Kneeland hoped there would be power enough in the society to kick Dr. Whedon out.

Dr. Plant called for the reading of the by-laws of the society in regard to expulsion, which gave the society power to take the proposed action.

Dr. Didama hoped no action would be taken which was not legal; if Dr. W. were guilty and it was proved so, then they ought to expel him.

President Tefft decided that the society had the power to expel Whedon at this meeting.

Dr. Porter said the evidence against Whedon was the same chain before his admission and after. It was a continuation of crimes; he had hoped Whedon had reformed, but it seemed he had not.

Dr. Morris was in favor of expulsion. You could not condemn one were he the vile Renswieg himself, but that some one would defend him.

The resolution of Dr. Kneeland was then put, and the vote was as follows:

Ayes—Benedict, Kneeland, Plant, Porter, Tefft, Terry, Van Duyn, Van de Warker, Whitford—9.

Noes—Cook, Didama, Dunlap, Doyle, Moore, Mercer, McDonald, Searle, Skinner, Wiggins, Wallace, Dallis, Morris, Crouse, Searle, Campbell—15.

Dr. Porter in voting said he would rather do right and violate the constitution, than do wrong, therefore he voted *aye*.

Dr. Stearns explained his vote in the negative, by saying he knew Whedon long ago and his bad character; he in voting "no" did so

because if longer time were taken in skinning Whedon, the more he would suffer.

The vote stood 15 against immediate expulsion, to 9 in favor.

Dr. Morris made a motion that the Whedon matter be suppressed in the papers. That motion fell still-born.

On Dr. McDonald's motion the matter was referred to a committee. The doctor presented the following charge against Dr. Whedon.

I hereby charge Dr. Geo. D. Whedon with gross immoral conduct, which calls for his expulsion from the Onondaga County Medical Society, in accordance with section fourth, article fourth of the by-laws of said society.

Dr. Porter offered the following resolution, which was adopted:

Resolved. That the vote taken to expel Dr. Geo. D. Whedon was given on the constitutionality of the mode of expulsion rather than on his character or his fitness as a member of our medical society.

Dr. Morris moved that the case of Dr. S. B. Gay be presented to the same committee. He had evidence that would convict Gay of committing an abortion.

Dr. Tefft said the Gay evidence could be obtained by calling on the District Attorney.

Dr. McDonald offered the following resolutions:

Resolved. That the society regard all traveling doctors as quacks and unworthy of the confidence of the public.

Resolved. That the editors ought not to allow the advertisements of doctors to appear in their papers as editorials.

Resolved. That it is the true interest and duty of the citizens to employ only educated resident physicians of the different schools of medicine.

Resolved. That all graduated physicians should join the City, County or State societies and that they should be sustained by the public in their efforts to advance the science and art of medicine and surgery.

Resolved. That the protection of the society against impostors and empirics, requires more thorough education of the profession, and lastly the enactment of better statute laws.

Resolved. That the local notices of injuries and casualties in the papers in which the names of physicians or surgeons appear, is beneath the dignity of any professional gentleman, as being a violation of the code of medical ethics.

Dr. McDonald explained that he did not expect his resolutions would pass, he only wished discussion.

They were discussed, when the society adjourned.

HUNTINGDON COUNTY (PA.) MEDICAL SOCIETY.

In pursuance of previous notice, a goodly number of the physicians of Huntingdon county met in Odd Fellows' Hall, Huntingdon

Pa., April 9th, 1872, for the purpose of organizing a County Medical Society.

Temporary organization was effected by calling Dr. John McCulloch to the Chair, and electing Drs. J. A. Shade and George W. Thompson Vice Presidents, and Dr. Henry Orlady, Secretary.

The following permanent officers were then elected to serve one year: President, Dr. John McCulloch, Huntingdon; Vice Presidents, Dr. J. A. Shade, Shade Gap, Dr. J. H. Wintrobe; Recording Secretary, Dr. A. B. Brumbaugh, Huntingdon; Corresponding Secretary, Dr. Henry Orlady, Petersburg; Treasurer, Dr. Geo. W. Thompson, Mount Union.

A committee was appointed to prepare a Constitution and By-Laws to be submitted at the next meeting of the society.

Delegates to the American Medical Association: Dr. A. B. Brumbaugh, Huntingdon; Dr. C. W. Thompson, Mount Union; Dr. Henry Orlady, Petersburg.

Delegates to the Pennsylvania State Medical Society: Dr. J. A. Shade, Shade Gap; Dr. D. P. Miller, Huntingdon; Dr. J. E. Thompson, Scottsville.

A resolution of thanks to the Odd Fellows for use of their hall, and to the editors of the several papers of Huntingdon for their courtesy in publishing notices, was adopted.

After the transaction of other business the society adjourned, each member well pleased with the success of the meeting, to meet in Huntingdon, on Friday, the 12th of November next, at 10 A. M.

JOHN McCULLOCH, Pres.

A. B. BRUMBAUGH, Secy.

MEDICAL SOCIETY OF KENTUCKY.

We give this week a very brief outline of the proceedings of this society, and will try

and give a more detailed report, which has been furnished us by a correspondent, next week.

The society met in Louisville, April 2d, the President, Dr. T. N. Wise, of Covington, in the chair.

The following officers were elected for the ensuing year:

President, Lewis Rogers, of Louisville; Senior Vice President, James W. Thompson, Paducah; Junior Vice President, Joseph Smith, Lexington; Recording Secretary, J. A. Larrabee, Louisville; Treasurer, L. B. Todd, Lexington; Corresponding Secretary, W. T. Humphreys, Louisville; Committee on Publication, John Goodman, S. Brandies and T. P. Satterwhite, all of Louisville; Librarian, R. A. Thoraton, Newport.

Quite a large number of physicians were elected to membership. The reports of the officers and committees were heard, and several able and important papers on medical science were read.

Certain charges were preferred by Dr. Gaillard against Dr. David W. Yandell for conduct unbecoming the medical profession. It was proposed to refer the paper to a special committee. The chair decided that this society had no time to attend to such matters. It should be settled by local societies. Dr. Gaillard said the local societies were not competent to decide it, as they were prejudiced. The paper was finally withdrawn.

Dr. Frazer read a valuable paper on the mineral waters of Kentucky.

The society was invited by Surgeon T. J. Griffiths to visit the United States Marine Hospital.

The Louisville physicians gave a banquet to the society, which was a very pleasant affair.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Treatment of Sick Headache.

We make another extract from Dr. LATHAM's articles in the *British Medical Journal* on this subject:

Let us consider separately the remedial measures to be adopted (1) during the stage of disturbed sensation, (2) during the stage of headache, and (3) during the intervals between the attacks.

1. *During the Stage of Disturbed Sensation.*—In the forms attended with disturbance of vision, you will find that in the same individual the longer this stage lasts the greater

will be the headache; and therefore we must endeavor to shorten it as much as possible. If the condition, then, depend upon deficient supply of blood to a part, such means must be adopted as shall assist and increase the flow of blood to the part; and this can be done in some measure by posture and stimulants. Directly the glimmering appears, the patient should lie down with the head as low as possible, and if the glimmering be on the right or left of the field of vision, he should lie on the opposite side. Let him take at once a full sized glass of sherry; if at hand, half a bottle of soda-water is a useful addition. Champagne would be preferable, being more diffusible; but its administration would often involve a little delay, and at the commence-

ment of an attack it is a great point to save time. A large tablespoonful of brandy diluted may, if the patient prefer it, be substituted for the sherry. If alcoholic stimulants be objected to, or if it be not advisable to recommend them, then a teaspoonful of sal volatile in water may be prescribed instead. If the patient be chilly or his feet cold, the couch should be drawn before the fire and a hot bottle applied to the feet. By these means the heart is enabled to drive the blood with greater force to the brain, and the duration of the vibratory movement is thereby materially lessened. After it has passed off, the patient should lie still for a time, so that the glimmering may not return. This injunction will only be necessary when the headache is slight; if it be severe, attended with much nausea or vomiting, the patient will be little disposed or able to leave the recumbent position. If, instead of disturbance of vision preceding the headache, there be a feeling of depression or irritability, fidgets, etc., the administration of such cerebro-spinal stimulants as henbane, valerian, assafoetida, spirit of chloroform, or ether, will often cut short the attack; ten or fifteen drops of the tincture of henbane, with the same quantity of spirit of chloroform, will soothe the nervous irritability in the slighter forms, and may be repeated in three or four hours, if necessary. If there be great mental depression, then valerian or assafoetida should be tried. Stillé says: "Nothing is more astonishing in the operation of remedies than the promptness and certainty with which a dose of valerian or assafoetida dispels the gloomy visions of the hypochondriac, calms the hurry and agitation of nervous excitement, allays commencing spasms, and diffuses a soothing calm over the whole being of one who but an hour before was a prey to a thousand morbid sensations and thick-coming fancies of danger, wrong or loss." I give the preference to valerian, and prescribe from half a drachm to a drachm of the ammoniated tincture. The assafoetida may be given in the form of spiritus ammoniac foetidus of the *Pharmacopœia*, also in half-drachm or drachm doses. As a rule, alcoholic stimulants are not advisable here. A small quantity will cause flushing, heaviness, slight confusion of thought, etc., without relieving the depression; and though the severe headache may be averted, alcoholic stimulants do not answer so well as the remedies previously mentioned.

2 *During the Stage of Headache.*—If the headache be slight, and the patient soon able to sit up, there is little to be done; a cup of coffee or tea, cheerful conversation, a walk, drive, or ride, may often help to remove the pain. If, however, the headache, nausea, etc., be severe, then the administration of further remedies is called for. The patient should keep perfectly still and quiet, with the room darkened; for every sound or sight causes pain, and the slightest movement is sufficient to pro-

duce gastric uneasiness. Sometimes free evacuation of the contents of the stomach, especially if it contain undigested food, is followed by relief. Dr. Fothergill says: "An emetic and some warm water soon wash off the offending matter and remove these disorders," which may be very well where there is any offending matter to wash off, but it is not very often that this is the case; the nausea frequently continues long after the contents of the stomach have been discharged; an inverted action of the duodenum is set up; the bile appears in the fluids excreted; the patient believes that all his troubles are due to "its overflow;" "it's all liver," he says, and it is sometimes difficult to persuade him to the contrary. Generally, then, you should try to relieve and check the vomiting. Iced soda-water, with or without two or three drops of dilute hydrocyanic acid or spirit of chloroform; cold tea; the evervescing citrate of potash, with hydrocyanic acid, may often afford marked relief. The headache may be lessened by applying cloths dipped in cold water, or evaporating lotions to the head; if the extremities be cold and the headache severe, a warm, stimulating foot-bath can be tried so soon as the nausea will allow the patient to sit up. If the attacks occur in the early part of the day, as soon as the pain has subsided it is generally better for the patient to sit up or move about, or take exercise in the open air. A young lady, on consulting me for this disorder, said: "Nothing relieves these headaches except a good gallop on my pony. I have sometimes to lie still for three or four hours before the pain is bearable, but directly I am able, I mount my pony, and always return home better." During the attack the appetite is diminished, the idea even of food provoking disgust. Still, after the nausea has passed away and the headache has continued a few hours, a plate of soup or some easily digested food will often have a good effect in equalizing the cerebral circulation. A remedy which may often be given with advantage, if the headache be severe, is bromide of potassium, in doses of 5, 10, or 15 grains, to which 30 or 40 minims of sal volatile may in some cases be added with advantage; and if the nausea still continue these may be given in combination with the effervescent citrate of potash. A saline purgative at the commencement of an attack is some times an effectual remedy but, as a rule, the use of purgatives is objectionable.

So far, the measures which I have suggested are only palliative. We come now to the consideration of such as are preventive, or to the treatment necessary during the intervals between the attacks. First of all, you must try to find out the exciting cause, and endeavor to remove it. Hours of study or work must be abridged; excessive bodily fatigue, loss of rest, everything in fact, must be avoided which the sufferers know from individual experience will act as exciting causes. Where the attacks are associated with exces-

sive mental work, they should be regarded as danger-signals, showing necessity for relaxation. In the next place, you must endeavor to improve the tone of the bodily and nervous systems by proper medicinal and hygienic means; and the chief remedies which I employ are steel, strychnia and cod-liver oil. The success, however, following these remedies depends a great deal upon the way in which they are administered. For a day or two after the attack the stomach and bowels may possibly be disordered, and not in a fit state to tolerate such remedies. This must first be corrected. The simple vegetable bitters, such as gentian, with small doses of henbane and some aromatic, may be of service, and, if necessary, one or two grains of blue pill, with four or five of compound rhubarb pill, may be given at night. We may then try steel. If the attacks have been very frequent, or if there be any scrofulous tendency, I give the iodide of iron in the following form:

R. Ferri et ammon. citrat.,	gr. v.
Potassii iodidi,	gr. ij.
Aque,	℥j. M.

And I add, according to circumstances, 15 to 20 minims of tincture of henbane, or 20 or 30 minims of aromatic spirit of ammonia. If the stomach be at all irritable, I give this in the effervescent form, adding to each dose 20 grains of bicarbonate of potash, and directing it to be taken with a tablespoonful of lemon-juice or a corresponding amount of citric acid; the dose to be taken twice a day, about 11 and 4. I soon leave off the effervescent form, and then add to each dose five minims of liquor strychnie, omitting the henbane and sal volatile, and continuing the iodide of potassium according as it seemed to be indicated or not. In other cases, I give the citrate of iron and ammonia with strychnine at the beginning, and sometimes combine them with infusion of calumba. The iron is indicated by the greater or less anemia of the patient; but the strychnine is, in my opinion, a very important remedial agent in the disorder. In small doses it acts as a simple tonic, increasing the appetite and improving the digestion; it dilates the vessels, and thus increasing the supply of blood, it augments the activity of the spinal cord (Harley). It promotes the capillary circulation, and therefore its use is advisable for persons troubled with cold hands and feet (Ansie); and if it fulfill these conditions, it is clearly indicated in the disorder which we are considering. Cod-liver oil also often acts very beneficially. "It has been found by experiment that great exertion and prolonged labor can be endured without fatigue when starchy and fatty foods are alone eaten . . . and there is reason to think that cod-liver is more easily absorbed than other similar substances" (Ringer). "It proves the digestive process, increases the proportion of red corpuscles in the blood, and invigorates the whole nutritive function" (Wood); and I believe it particu-

larly sustains the energy of the brain during prolonged mental exertion. A gentleman in the foremost rank at the bar told me that, whenever he was engaged in a jury-trial which was likely to tax his energies to a greater degree than usual, the thing which best sustained him was a good dose of cod-liver oil taken in the morning before going into court; and others engaged in mental work have confirmed this view. I therefore regard cod-liver oil as having, besides its other properties, a nutrient and tonic action on the cerebro-spinal nervous system. As a remedy for these nervous headaches, I only prescribe it once a day, beginning with a small teaspoonful immediately after breakfast, and gradually increasing the quantity to a tablespoonful, but not beyond, unless in exceptional cases.

You must take care to regulate the action of the bowels, but by no means have recourse to strong purgatives. Five grains of socotrine aloes pill, given at night, are generally sufficient. If the bowels be habitually constipated, then no remedy seems to answer so well as the aloes and iron pill. Five grains given twice a day, half an hour before meals, will act freely; and in a few days you will have to diminish the dose, for the remedy possesses this advantage, that its effect is augmented instead of being lessened by continual administration, especially when strychnine is given at the same time. The natural waters of Friedrichshall or Marienbad may in many instances be of service, given as laxatives.

Besides the remedies to which I have called your attention, others have been recommended, such as arsenic and quinine, caffeine, etc. Where anemia is not a prominent symptom, they may some times be of service.

Lastly, you must lay down stringent rules for your patients with regard to diet and exercise, and you must impress upon them the importance of these rules being strictly observed.

Cold Applications in Hyperpyrexia.

At the Clinical Society of London, Friday, March 8th, 1872, Dr. HERMANN WEBER read a paper on a case of hyperpyrexia in rheumatic fever, successfully treated by cold baths and affusions. The patient was a youth *æt.* 16, who had rheumatic fever (first attack) in August, 1871. The affection of the joints was well marked, but not excessive. The temperature of the body varied between the ninth and twelfth days of the disease from 101.6 to 102.2 deg. Fahr.; the pulse between 98 and 118; the respiration between 20 and 24. The lungs were free, and there was only the slightest indication of a murmur with the first sound near the apex. The medicinal treatment consisted of three grains of quinine three times a day. On the morning of the thirteenth day great restlessness, vomiting, excessive micturition, involuntary motions,

delirium, tendency to coma and lividity of face, supervened, simultaneously with a rise of temperature from 101.6 deg. on the previous evening to 108.2 deg., of the frequency of pulse from 118 to 148, and of respiration from 23 to 56. The patient was then placed in a bath of 71 deg. F.; and affusions of water of the same temperature were made. The mental condition and the appearance of the patient rapidly improved already during the first ten minutes; and at the termination of thirty minutes, when he was removed from the bath, the temperature in the cavity of the mouth was only 101.8 deg., and further sank during the next half hour to 98.8 deg.; while the patient fell asleep and began to perspire freely. In the course of the same afternoon the temperature again began to rise rapidly—i. e., from 100.8 deg. at 3 P. M., to 105.8 deg. at 6:40 P. M. Pulse 148; respirations 38; slight delirium. The patient had then another bath with affusion, as in the morning, when the temperature further arose during the first five minutes of the bath to 106.2 deg., but afterward fell rapidly, the mercury receding within twenty-five minutes (the duration of the bath) to 101 deg., and during the following hours to 98 deg. After the second bath, without any further medicinal or hydrotherapeutic treatment, the disease took the course of a usual mild form rheumatic fever, leading to perfect recovery, leaving only a rather too long first sound. Dr. Weber repeated the view stated in a former communication to the society: that the nature of these attacks was the same as in common heat-stroke or *insolation*; and he thought the term hyperpyrexia, as employed by Dr. Wilson Fox, more appropriate than heat-stroke, which conveyed the idea of causation by external heat.

Acknowledging that hyperpyrexia was an accident which could occur in all febrile diseases, he maintained that it occurred infinitely more often in rheumatic fever than in any other disease; and, regarding the peculiarities of rheumatic fever, he was inclined to ascribe it to the tendency to endocarditis and fibrinous deposits existing in this disease. He suggested that it might have a similar origin with chorea, and might possibly be due to minute embolism, or to plugging of some small vessels in a certain portion of the nervous system, as the hypothetical center of animal heat and chemical changes. As to prognosis and treatment, he pointed out that all cases formerly had a fatal termination when once the temperature had reached 108° Fahr.; but that the hydrotherapeutic plan, if early and energetically pursued, and with watchfulness, as to the possibility of several attacks, gave great promise of a speedy cure, as had been shown by the two complicated and yet successful cases published by Dr. Wilson Fox, the one by Dr. Meding, and the one by the author. Dr. Hermann Weber alluded also to a difference in the action of the cold baths in this class of cases (hyperpyrexia) and in the

pyrexia of typhoid or enteric fever, typhus and other fevers of longer duration. While in the latter the baths, when given during the height of the disease, produced only a transitory reduction of temperature, which was followed sooner or later by a fresh rise, so that three, four or even five baths might be required on each of several successive days, in the hyperpyrexias one or two baths might be sufficient entirely and finally to remove the complex of difference in the action of the plan in question pointed to a difference in the underlying pathological causes. Dr. Greenhow gave details of a case which had been under his care in the Middlesex Hospital, and in which the cold application did marked good, although the patient ultimately died, the treatment not having been, by some unforeseen accident, continued. The results of the treatment in this case, and in another under his care of high temperature in typhoid fever, had led him to entertain a high opinion of its therapeutic value. Dr. Andrew asked Dr. Greenhow what treatment had been adopted before the high temperature supervened, as the condition might be due to the remedies. Dr. Greenhow, in reply, stated that the treatment had been by alkalies, and that he believed the patient was ordered one large dose of quinine on the morning on which the high temperature was first observed. Dr. Wilson Fox observed that the high temperature had nothing to do with the treatment, and brought forward facts which had occurred under his own observation to prove what he said.

From his experience of the cold treatment in hyperpyrexia, he was able to speak strongly of the good results obtained from it, and earnestly urged its being carried out in private practice. It was a matter of life and death, and medical men should not hesitate to carry it out. No case, except one of relapsing fever, had been recorded in which a patient with a temperature of 108 deg. had recovered, unless by the cold treatment. He did not think that cooling of the skin could unload plugged capillaries. Dr. Anstie observed that hyperpyrexia might occur in any complaint, and alluded to a case of delirium tremens under his care in which the temperature was 100 deg., and the pulse was shown by the sphygmograph to be undulatory in its character. Dr. Southey said that, without accepting the theory of plugging arteries, stasis in the vessels might be present, and be removed by the cold applied to the skin. Dr. P. Stewart was of opinion that these cases were not dependent on plugging of the minute vessels. In one case which he had under his care, the temperature had risen to 109.5 deg., and the blood was found more completely fluid than in any case of typhoid or typhus fever he had ever seen. This militated against the view of plugging of the vessels. This class of cases presented a typhoid type from the commencement; in fact, some people would say, from the appearance presented by

the patients, that they were laboring under typhus fever. All the cases he had seen were given colored water, so that remedies could not have caused the hyperpyrexia. He considered the plan advocated by Dr. Weber to be a very admirable one. Dr. C. B. J. Williams thought that, in these cases of hyperpyrexia, there must be some affection of the nervous system from the commencement, something affecting the heat-making process of the body, causing it to rise to a fatal height. He doubted the safety of hastily adopting a form of treatment like this. In continued fever it was useful; but in rheumatic fever there was inflammation of the joint, and this might be repelled from one part to the other. He, in his long experience, had never met with a case of hyperpyrexia; and he had only had two deaths from acute rheumatism during the ten years he was physician at University College Hospital—one from double pneumonia and one from valvular heart disease. After offering some remarks on some of the modes of treatment of rheumatic fever, he expressed his opinion that the hyperpyrexia might perhaps be due to treatment. Dr. Weber, in reply, said that he would not usually treat acute rheumatism with cold water; but the examples of high temperature were cases of life and death; and by its means the duration of the disease was shortened, and also its mortality.

On the Treatment of Asthma.

Mr. GEORGE GASKOIN, Surgeon to the British Hospital for Diseases of the Skin, says in the *British Medical Journal*:

In the summer of 1870 I was summoned to a lady suffering from an acute attack of asthma. For several nights she had been restricted to the sitting posture, bent over a table, with her forehead resting on her hands. The distress was very great indeed. She was subject to frequent attacks of the kind, complicated to a very moderate extent with catarrh and bronchitic exudation. Her physician, a gentleman who holds high professional rank, was out of town. Nothing had been omitted in the treatment, which was simply palliative. She was recognized as constitutionally asthmatic, and little hope was entertained of permanent amendment. The asthma first occurred on the subsidence of nervous symptoms a few years previous. It had not, as far as I am aware, any organic basis. There was observable on the legs an eczematous eruption. Under these circumstances, I directed that the chloroform liniment of the *British Pharmacopœia* should be briskly rubbed into the chest for an hour's space, if possible; and this was done daily by a very efficient attendant, who had sufficient intelligence to comprehend and carry out the treatment. Very early much relief was experienced. On the return of her physician to

town at the end of three days, she was already so much changed for the better that he directed the treatment to be continued. From that time it consisted in the daily repetition of the rubbing process for a month or nearly so, without aid from medicine, and with little restriction to diet. Beyond the information I received that she was daily improving, I had really little or nothing to do with her professionally after one or two visits. Under the hands of her attendant, she speedily got rid of the asthma. The patient went out of town in the autumn, and enjoyed perfect health and spirits. She took much walking exercise, with exposure, in the cold of the ensuing winter; and, what is very singular, two years have since elapsed with no return of the asthma.

I shall now make a few observations on this method of treatment. For some years, in Paris, asthmatics had been in the habit of resorting to a rubber in the Boulevard Saint Michel, a certain Widow Pau, who pursues there very much the method which I have laid down, only that her nostrum is a secret. She is resorted to by a few wealthy people of this country, and has honorable mention in some of our West End clubs. At the end of her treatment her patients are presented with a book or brochure containing her successes, which may be said to be fairly written for a book of its class. The cure is subject to disappoint for a few days; but generally great benefit will be found in a fortnight, or even in less time. There is a hint that it is best suited to cases with catarrhal and bronchitic complication. The instance which I have here brought forward seems exactly to correspond with those which are boasted of and detailed historically by Madame Pau.

Before giving directions as to how this treatment should be carried out I will speak as to the *rationale*. Counter irritation, especially by blister, issue and moxa, are of such well established repute in the treatment of asthma that I need not dwell on them; but, besides this, a jolting vehicle, anything that leads to displacement of the air stagnant in the vesicles, is proved to give relief in many instances. I should advise, then, that the frictions should be made with such roughness as the case admits. Slight blows with the palm of the hand or the end of a towel on the ribs are quite allowable; and the friction should be extended to the front of the neck at the lower part, where the vagi enter the chest. I do not think that the composition of the liniment need trouble us, provided it be warm and work easily. Anything like Roche's embrocation would answer very well.

I am not without some experience of asthma, and I am persuaded that the present method will be found a valuable addition to our therapeutic means. If proved not to be novel, it must be conceded that it has fallen into utter neglect.

Reviews and Book Notices.

NOTES ON BOOKS.

—We have neglected to notice the *Western Lancet*, which commenced this year at San Francisco, edited by Drs. EUSTACE TRENOR and H. P. BABCOCK, published by Bancroft & Co. The first number looks well. The prospectus promises that at least one photograph from nature of a pathological specimen or surgical case will accompany each number.

BOOK NOTICE.

Annual Report of the Board of Regents of the Smithsonian Institution, for the year 1870. Washington: 1871.

The present report of the Smithsonian is equal in value to any that has preceded it, and that is saying a great deal for it.

Among matters it contains which will more especially interest men of our profession, we may refer to Mr. WM. B. TAYLOR's Thoughts on the Nature and Origin of Force, which is altogether materialistic in tone. As usual, he repeats the constant blunder which such writers make, and which was so lucidly pointed out in Hume's arguments by the philosopher KANT—that of not distinguishing between the duplex nature of causation. But as materialists take great pride in despising metaphysics, it is not to be expected that they will avoid any physical blunder detected by these—indeed, they could not do so, for if they did they could not be materialists any longer.

Still better is an address on the relation of food to work and its bearing on medical practice, by the eminent investigator, the Rev. AMUEL HAUGHTON, M. D., of Dublin. No one will lose his time who studies this article thoroughly.

The ethnological articles are, as they ought to be, chiefly American, and contribute quite a large amount of information on the archaeology of our country.

—A. T. Stewart, of New York, had his entire establishment, consisting of eight hundred persons, vaccinated by the Health Department Inspectors recently.

Changes in the Harvard Medical School.

The "revolution" in the Harvard medical school, as President ELIOT calls it in his report, embraces the following features: Instruction is given by lectures, recitations, clinical teaching and practical exercises uniformly distributed throughout the academic year; and the student is expected to attend throughout the year just as he does in the college or the schools of theology, law and science. Secondly, the course of instruction fills three years, beginning with the fundamental subjects of anatomy, physiology and chemistry in the first year, and carrying the student progressively and systematically from one subject to another, until at the end of his third year he will have studied all the recognized subjects of a good medical education. Thirdly, in anatomy, physiology, chemistry and pathological anatomy, laboratory work is substituted for or added to the usual didactic lectures. Every student has his place and time in the anatomical and chemical laboratories, and in the microscope room; and he is made to feel that such work is quite as much required of him as attendance at recitations and lectures. Lastly, every candidate for a degree must pass a satisfactory examination in every one of the main subjects of medical instruction; and these examinations are, in part at least, by questions and answers upon paper, so that the governing Boards of the University and the profession at large may hereafter know what the standard for the degree really is.

New Medical Society, in Vermont.

The first meeting of the Lamoille Valley (Vermont) Medical Society was held at Drennan's hall, Hardwick, Wednesday the 13th ult. This meeting was designed as a preliminary to provide for a permanent organization. Wells, of Hardwick; Fairman, of Wolcott, and Hall, of Morrisville, were appointed a committee to draft a constitution and by-laws, and report the same at the next meeting of the society. It was voted to hold the next meeting at Wolcott, July 10, 1872, provided satisfactory arrangements, and co-operation of the medical fraternity in that vicinity, could be effected.

—In an assault case in an Oregon court, lately, a lawyer asked a physician, who was on the witness stand, if he had made "a diagnosis of the plaintiff's physiology."

—Dr. WM. HEWER, an English miser, aged eighty-four years, long a noted character in San Francisco, was found dead on a pile of rags in his room in Dupont street, April 13th. The room had not been swept in fourteen years. Twelve thousand pounds, English money, was found in the room.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, APRIL 27, 1872.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be practical, brief as possible to do justice to the subject, and carefully prepared, so as to require little revision.

Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

THE MODERN OPERATION OF CIRCUMCISION.

In a recent number of *The Israelite*, Dr EPSTEIN, of Cincinnati, gives some directions regarding the modern operation of circumcision which will be useful to those required perform it, and are interesting to others who have never witnessed this venerable procedure. It appears that it is occasionally followed by dangerous hemorrhage, at which we are the less surprised when we learn that the "mohel," or operator, is rarely a physician.

The first step is the circumcision. This, performed with ordinary care, could hardly ever give rise to excessive bleeding, owing to the great contractility of the external skin. A little cold water—or still better, mixed with an equal part of vinegar—would be all that were necessary to stop the bleeding in ordinary cases.

After this the father pronounces a benediction and the second act begins, the *P'riah* or avulsion of the foreskin. When well performed, the "p'riah" is in itself a means of stopping the bleeding, for a torn wound bleeds less than an incised one; and the crowding of the folds of this membrane into the retracted remaining portion prevents the bleeding, and

both speedily form a healthy, soft cicatrix. In ordinary cases, therefore, the usual cold water dressing of the wound is all that is necessary. But it may happen that this membrane is unusually tough, and when the "mohel" is a little excited, he may overdo the performance of "p'riah," and detach the membrane on either side from its attachment in the groove, nay, may even tear it completely off all around the penis, and reach violently into the "frenulum" and lacerate it so that the membrane hangs in one or more shreds about or underneath.

The third step is that which is known as *M'tsah*, or sucking out the blood. The mohel applies his mouth, partly filled with stringent wine, to the penis, and by suction empties the lacerated vessels of the part. This primitive method of arresting hemorrhage Dr. EPSTEIN recommends should be supplemented with a styptic dressing and a touch of Monsell's salt, if required. He might have hinted also that the infant occasionally runs other dangers besides that of bleeding to death. RICORD relates the instance of a mohel who was affected with a syphilitic patch on the lips, and in the course of his operations conveyed the chancreous poison to a number of children. It is a pity that the third act could not be replaced by some other equally efficacious procedure.

The editor of *The Israelite* appends the following very sensible remarks to Dr. EPSTEIN's article:

"We would respectfully add to the observations of Dr. E., that no mohel should be employed unless well known to be an expert in the operation, or a practical physician. In fact, all Jewish physicians should be *mohelim*. No new mohel should be authorized or admitted to practice, unless he has heard a proper course of lectures in a college, or is a physician, equal to the skillful performance of the operation and the healing. In no case, should one be permitted to perform the operation without the assistance of a practical physician."

THE "TONER LECTURES."

We have on several occasions called our readers' attention to the meritorious services for the cause of science of Dr. J. M. TONER, of Washington city. His researches in medical history and statistics have not only been profound, but, what is more rarely the case, have borne fruitful results.

It is now our pleasure to chronicle another praiseworthy undertaking to which he has given the start, and which deserves the hearty thanks and recognition of scientific men generally. This is the establishment of a course of lectures or essays on experimental truth. To effect this he has with rare generosity set aside real estate and personal property to a considerable amount, or has transferred it to a body of trustees *in perpetuo*, composed of the Secretary of the Smithsonian Institute, the Surgeon-General of the U. S. Army, the Chief of the Bureau of Medicine and Surgery, U. S. Navy, and the President of the Medical Society of the District of Columbia.

In explaining precisely what Dr. TONER's intentions are, we shall do well to quote the exact words of the instrument making the trust. Here is an extract from the preamble:

"Whereas, the said party of the first part [the donor] believing that the advancement of science—that is, a knowledge of the laws of nature in any part of her domain, and particularly such discoveries as contribute to the advancement of medicine—tend to ameliorate the condition of mankind, hath determined to convey and transfer to the said parties of the second part, and their successors forever, in their several official positions, as aforesaid, the hereinafter real and personal property, amounting in value to about \$3,000, 90 per cent. of the interest of which is to be applied for at least two annual memoirs or essays by different individuals, and, as the fund increases, as many more as the interest of the trust and revenue will, in the judgment of the trustees, justify, relative to some branch of medical science, to be read at the city of Washington at such time and place as the said parties of the second part and their successors as trustees

may designate, under the name of "The Toner Lectures;" each of these memoirs or lectures to contain some new truth fully established by experiment or observation, and no such memoir or lecture to be given to the world under the name of "The Toner Lectures," without having first been critically examined and approved by competent persons selected by said trustees for that purpose.

"It is further provided that such of the said memoirs or lectures as may be approved shall be published in such manner and through such channels as said trustees may determine."

Then follow the legal details of the trust, etc., into which we need not enter here.

As far as we know this is the first attempt to institute such a course of lectures in this country, and we predict that if the trust is carried out in the spirit of its founder—and from the standing of the trustees, no one can doubt but this will be the case—it will have a beneficent influence in the progress of exact science. Not only this, but it will serve as a hint and example which wealthy and generous friends of science will doubtless from time to time follow in erecting similar trusts. Such stimuli to definite study benefit not only the class who devote their time to researches in nature's laws, but even more the general public, who are thus early made acquainted with the results they have achieved.

Notes and Comments.

Super-ovulation.

Concerning a hen, Dr. G. P. PHILLIPS, of Holly Springs, Miss., writes us:

"I was shown her last lay. The egg was about two and a half inches in diameter; on breaking this we found the white portion as in other eggs, and a perfect egg, of unusual size, occupying the place of the yolk. The week before she laid a similar egg, each having a perfect shell, white portion and yolk. Is this not a perfect case of super-ovulation?"

We should say so.

On Preserving Vaccine Virus.

Dr. F. S. HALL, of Cumberland Center, Maine, tells us:

"I preserve my virus by dropping it into a 3ij. vial, with some nice cotton wadding upon the bottom, and then packing the top thoroughly full of the same. It keeps a long while thus cared for."

Corrections.

On p. 274, col. 1, line 17, for *vocal* read *bucal*. On p. 251, col. 2, line 4, for *5 drops* read *5 per cent*.

A Cause of Typhoid Fever.

Dr. FERGUS, of Glasgow, recently called the attention of the Edinburgh Medico-Chirurgical Society to a little noticed cause of typhoid fever and other zymotics:

"Sewage gas, always forming, is generally lighter and hotter than air, and being frequently in a state of tension, will ascend and escape at the highest point. After stating how ineffectual any present system of trapping was in preventing the escape of sewage gas into houses, and instancing various epidemic diseases originating from sewage gas, the author stated that fifteen years ago he first detected perforated soil pipes. These perforations were generally on the upper surface of the pipe, and the pipe usually affected was the cross one leading from the closet to the main descending soil-pipe, and if there were an arch in the pipe the upper surface of the arch would be perforated. The author exhibited several specimens of perforated pipes, showing clearly that the destructive action was from within. Considering the results of chemical analysis, as well as the increased rapidity with which this action takes place in pipes not ventilated, he believed himself justified in coming to the conclusion that the perforation was due to the action of sewage gas. He found on inquiry that the same state of things exists in every water-closet town. Lead being usually employed as the material for soil-pipes, it becomes important to inquire how long a good lead soil-pipe will hold out. In unventilated pipes the duration might be stated to be about twelve years, when the pipe is carried up to the top of the house, and open to the external air, the maximum duration is from twenty to thirty years. The practical conclusion upon which the author insisted was that in any house, however well built, when cases of typhoid fever, diphtheria, etc., occur, the pipes should be thoroughly

inspected, especially their upper surface, and the whole of the soil-pipe uncovered. Sewer gas may also prove injurious by passing up the waste-pipe of the cistern and becoming absorbed by the water."

The English Contagious Diseases Acts.

These acts have met with bitter opposition, but are clearly doing great good. At a late meeting of the Medical Officers of Health, London, Mr. ACTON observed that in the report of the Royal Commission he read that the appearance of the women was very much improved by the operation of the acts. The cases of syphilis were much less severe than formerly. Women, in former days, at Aldershot, had to be hunted out of the drains, etc.; and women, when first examined, had been very bad, and must have been diseased some time. One woman, in days gone by, had often infected a great number of men. One patient had connection with nearly 90 soldiers when suffering grievously from mucous tubercles. The state of syphilis near Westminster was very bad in 1871. The places existing without "protection" are much worse than those where there is protection. A prostitute does not die of these venereal diseases; and, as these women are frequently barren, they often live in comparative comfort if they marry. The women marry in most instances, and get away from their trade. A woman now gets the man to marry her more easily in protected districts. The frequency of venereal disease among civil hospitals is very great. Continental armies are much less infected than ours. Sir J. PAGET says that many diseases of the internal organs are syphilitic, and he adds, it would be difficult to exaggerate the evil done by syphilis. HEWITT said he found it one of the most frightful of all diseases. Dr. FARR says that 651 children under five died of the disease in one year. Syphilis, nowadays, rarely produces falling in of the nose, as it used to do when mercury was abused, and when *twelve men* used to be so *salivated* in one ward at St. Bartholomew's Hospital for a month at a time. The discovery of iodide of potassium was a great improvement, and the cause why there is not so much evil nowadays occasioned by syphilis. In 1865, 108 per 1,000 of the naval troops; in 1869, only 59 per 1,000 were found to be infected. In the army, BALFOUR, in 28 stations,

in 1865, found 120 per 1,000 infected, and, in 1870, 54 in 1,000. Public solicitation is less. The *Contagious Diseases Acts* have done good in reclaiming the women; the discipline of the acts was severe, and many women were reformed.

Correspondence.

DOMESTIC.

On Gynecological Treatment.

EDS. MED. AND SURG. REPORTER:

Permit me to notice briefly through your columns the paper on "Ulceration of the Os and Cervix Uteri," which appeared in your issue for March 30, from the pen of Dr. R. L. Payne, of Lexington, North Carolina.

The recent introduction of gynecology as a specialty in medical science seems to have developed the idea among many of our professional brothers that diseases of the reproductive system constitute the sum total of female afflictions, and that they warp every indisposition with which they meet to fit this "one idea." I have observed young practitioners who, upon reading an article in a text-book or journal which particularly interested them at the time, make the very first case to which they were afterward called meet in full the symptoms previously noticed in the reading. The current literature of our profession has been such of late years that it has engendered in the minds of many of our profession that they are specially set apart for producing wonderful developments in this new field, and that every medical man who does not herald loud and long the number of times he has used the vaginal speculum must be an ignorant member, unworthy to be classed among the *progressive* faculty—to use a favorite mode of expressing the idea among them.

I am fully aware that uterine maladies are a fruitful source of discomfort to multitudes of the female race, and am just as well convinced of the value of the speculum as an aid in the successful treatment of many of its forms; but that ocular inspection is necessary to the cases like the two first detailed in the paper under review, I cannot admit. In case first, the symptoms are enumerated thus: Confined two years ago; has been all the time since pale, emaciated, hydramical—with profuse leucorrhœa and prolapsus; these were all of course discoverable without the speculum, and furnished sufficient evidence to point to the use of iron, quina and gentian, which was prescribed accordingly. These were, no doubt, the potent remedies, the argenti nitras and local treatment coming in for a very meager show of credit for the cure.

Let us look at the pathology of the case a little. As above stated, the patient had been

in ill health since her last confinement two years ago, the attendant symptoms, besides those above spoken of, being "a constant sense of fulness and bearing down within the pelvis; pain in the back and thighs; indigestion, patulous, thickened and dilated os, attended with profuse menstruation, etc. Here we clearly find a case of *subinvolution of the uterus*, with all the consequences of malposition, malnutrition, etc., the whole train of phenomena being a *sequence* and not the *cause* of the general ill-health of the patient. The powers of the mother were from some cause injured before labor or perhaps in child-bed, and the womb as a consequence never thereafter having recovered sufficient tenacity to regain its normal non-pregnant condition, we can very readily comprehend why we meet the symptoms named, and the proper course of treatment which would have been most appropriate.

The local lesions were not the CAUSE, but the CONSEQUENCE of the *indisposition*, and however justifiable a speculum examination and local treatment may have appeared in the mind of the good doctor, I am inclined to the opinion that I could have treated the case successfully without a resort to either. We might just as well apply caustic to the red tongue of typhoid fever, or drop a solution of nitrate of silver into the infected eye which accompanies a common catarrh, with the expectation of removing the disease, as to have used it in a case like the above.

Any treatment which restores nutrition to the impoverished tissues and renews the powers of life had benefited this patient, and I think the doctor's iron, quinine and gentian very good so far as they went, but in the place of his glass speculum and his "nitrate," I would have given her tincture of ergot and digitalis. These two remedies are a *sine qua non* in treating these heavy, thickened and indolent *post-partum* wombs, especially so of digitalis. It seems to me to exert a *specific* power in these cases, unequalled by any other remedy in our long catalogue.

But after all treatment in most cases is comparatively easy when we know what the pathological condition is which is demanding our aid. It is very much easier to make visual examinations and enter into a quixotic warfare with an alarming "womb disease" (which is half the time more imaginary than real, both in the minds of the patient and medical attendant), than it is to come down to sober medical philosophy, which enables us to trace effect from cause, cause from effect, and assists us in our duty when it is necessary to disentangle the wool of obscure problems, which so often lies hidden in diseased conditions. Let us study our cases well, and when it is proper to do so, administer medicine *understandingly*, be it either with the speculum or the iron spoon. It does not follow, however, that because one physician has not the tact which enables him to discriminate closely in diagnosis or to apply the

most appropriate remedies in a given case, but he is an ignorant fellow, and therefore should be driven from the profession. I am charitable in this regard, because I thoroughly recognize human fallibility in every human pursuit. Why should medicine be an exception?

J. P. CHESNEY, M. D.

Saint Joseph, Mo.

On Sick Headache.

EDS. MED. AND SURG. REPORTER :

I have examined with interest the views of Drs. WILKS and KUNST on the subject of sick headache more particularly from having suffered at short intervals all my life with an hereditary disease bearing that name, though often unaccompanied with sickness at the stomach.

In comparing their views, I find that WILKS declares and KUNST concedes that "true sick headache is a purely nervous affection." WILKS further claiming it is mostly hereditary and generally occurs in the most temperate livers; thus both apparently admitting it as an idiopathic or primary affection of the nerves; yet KUNST thereafter claims that it generally arises from insufficient capacity of the stomach to assimilate, therefore terms it a sympathetic or secondary affection of the nerves; this latter, I think, agrees with the view of most physicians, as they generally seem to think it usually arises from indiscretion of eating and drinking, from which cause an attack is expected; thus this variety might be called the prognostic sick headache; but that which originates from peculiar nervous temperament generally comes on unexpectedly from individual nervous susceptibility, and doubtless induced to manifest itself from a combination of unexplainable events. Although I concede that this is a purely nervous affection, I will admit that an attack may be induced from the reception of certain food into the stomach, yet without constituting it a secondary disease of the nerves, for a primary nervous affection is just as capable of transmitting disease to the digestive apparatus, as the digestive to the nervous; consequently what KUNST denominated a secondary affection of the nerves may in many cases be properly considered an idiopathic or primary affection sympathetically affecting the digestive apparatus. This kind of action we often see demonstrated in vomiting from injury of the brain. In the strictest sense of the term, I question whether there is any idiopathic disease, for the reason that all the animal functions, like the universal, are correlative or reciprocal, but from the common acceptance of the term it should be as readily regarded as the sympathetic.

Now as I am one of the class named by Dr. WILKS as a temperate liver, with an hereditary disease of the nerves, corresponding

much with his description, I think it may be of some interest to the readers of the REPORTER to peruse a few lines in regard to the peculiar symptoms I experience, from which may arise a question in respect to the *modus operandi* of a diseased sensorial nerve, influencing the action of another of different sensation, originating on the opposite side from the diseased, in preference to the one from the same side. The attack upon me is sudden and terrific; may occur at any time of day, but less frequent in the night while asleep; often apparently requiring no conditions, though it cannot otherwise exist. It is frequently ushered upon me when I feel unusually sprightly and active. The first symptoms are always an apparent distortion of the faces of persons and of things which may come in contact with the sight, certain points being invisible, but changing position instantaneously. To be sure that it is really the appearance of this unwelcome visitor, I close my eyes and cover them with my hands, that no light may shine through the lids; if real, the exhibition is a zig-zag, semi-circular, fiery bright line, continually in motion, varying in brilliancy and activity in proportion to the ensuing pain; more brilliant the appearance, more severe the pain. This symptom generally passes off in from thirty to sixty minutes, with intermittent luminous appearances; then the pain begins, *always* on the opposite side of the head from where the perverted vision appeared, generally increasing until excruciating. This perverted appearance may exist in either eye, but very seldom in both at the same time; if so, the manner of action is the same in each; it may be a few days or a few weeks before the pain entirely ceases and the sight perfected. The question now arises why the sensation of vision is perverted on one side and that of pain being *always* on the opposite side, commencing after normal vision begins to recover. This is a point which the profession, as far as I have obtained their opinions, are at a loss to explain. As there are good causes for all existing things, I hope some one may be able to explain this satisfactorily. In spite of my continued efforts to evade these attacks, they generally rush upon me without the least warning, yet others at times notice the change in my countenance some time previous to the attack. The causes are even more numerous than stated by Dr. WILKS, for at times there appears to be no bounds under the various conditions presented.

I will name a few in addition to those mentioned by the doctor, that a better idea may be formed in regard to diversity of causalities, viz.: strong mental impressions of any character arising from almost any source; overlabor, mental or physical, varying in amount according to presenting conditions, compression over the stomach, tight or very loose boots, a look at variegated painting or disfigured faces, irregular sleep, too much, too

little, or too sound, fright or anger, free use of coffee, acids or antacids, also a delay of answering any of the calls of nature, or anything or combination of things requiring unusual nervous action may produce it, be it ever so minute. The treatment in what I term the prognostic variety is generally plain, the cause being obvious; but in the nervous, the case is far different, for the reason of the causes being so extremely obscure. There are things and acts which appear to have opposite effects at different times, though coffee may induce an attack at one time, it may check it at another; inspiring conversation or performances often exhibit the same power, also a rich beefsteak may produce either effect. Bathing the head in cold water every morning upon rising from bed, and frequently through the day in warm weather, is a very good prophylactic; this also often relieves the pain in the head. Free use of salt in the food I think is a good prophylactic. I have many times used for the same purpose, and with good effect, from half to a teaspoonful of alcoholic stimulus quite frequently when I feared an attack; but to check the pain, sleep is the most beneficial. This I have produced many times in my own case by drinking from one to two ounces of best whisky; but I should prescribe it to others with much caution, for fear of forming in them a habit of drinking. An emetic, even when there is nothing in the stomach, often gives relief by its action upon the nervous system. Bicarb. soda and asafoetida, are both beneficial, but what will produce a good effect at one time may have no effect at another, seeming to depend altogether upon the various conditions of the nervous system; thus a physician may at times be accidentally successful.

D. L. D. SHELDON, M.D.

New York, April, 1872.

News and Miscellany.

The New York University Medical Alumni.
ANNUAL MEETING—WHAT OUR MEDICAL
COLLEGES NEED ADDRESS BY PRO-
FESSOR ST. JOHN ROOSA, M. D.

The Alumni Association of the Medical Department of the University of the city of New York held their annual meeting at the chapel of the Collegiate Reformed Dutch church, Fifth Avenue and Twenty-ninth street, on Thursday evening, March 14th. The annual address was delivered by Professor D. B. ST. JOHN ROOSA, M. D., of the class of 1860. He said:

We can all at once see why there are alumni associations in such colleges as Yale, but why do medical graduates, who have very few social relations in the few months they spend together, form such organizations? Who is there that doubts that those honored universities, Harvard and Yale, have been largely the gainers since their alumni have taken an active interest in

their affairs? To no less an extent will our medical colleges be profited, and through them the whole profession, by alumni associations among medical men. This college has graduated more than three thousand men in thirty years. Their history was unwritten until its association wrote it. Far beyond this object of writing medical history is the one of increasing the activity and resources of our college. A diploma from a medical college is the best evidence we have of fitness to practice. A large share of all the scientific work that is done in medicine is by the teachers and attaches of the medical schools. Yet medical schools are not always sustained by their alumni. Harvard school has fallen off to the number of one hundred and five, because she did not have her graduates fully up to her aims. Our present system of medical instruction needs amplification and change, but no revolution, no incorporation of the system of Germany and England. The average American medical student, although he studies but three years to the German five, compares favorably with the latter. Our hospitals are as well served as foreign hospitals. The medical staff of our army and navy will compare favorably with that of any nation.

We need most of all in our colleges endowments for professorships. The teachers should be free from any taint of desire of large classes in order that their fees may be increased. We need more opportunities for special studies, libraries and scholarships; in short, what money will bring our citizens should be asked to give to New York instead of to new universities in Nevada and Montana. The discovery of the anæsthetic power of ether has caused a debt not yet paid. We must use the opportunities we now have and make the New York school not only famous for its graduates, but for its scientific discoveries. The speaker then turned to the relations of the medical profession to the public and defended the code of ethics which forbids advertising, the patenting of surgical and medical inventions and discoveries. The name of allopath, he said, is rejected by the medical profession. We are physicians, and have no part in any dogma or special name. We allow the largest liberty in the use of medicines, and welcome all educated practitioners who do not believe that there is no remedy but water, or that all drugs act according to a certain law and are increased in potency by dilution, to our ranks. We have all the hospitals of the world, all the literature; all the great medical discoveries belong to the much-abused, but liberal and progressive, medical profession. None of the ancient schools have ever swerved from the faith; and the enumeration of the names of her great men is but the recital of triumphs, in which the believers in dogmas have no part.

The following gentlemen were elected officers for 1872:

President, James R. Leaming, M. D., of

New York. Vice Presidents, Henry S. Hewit, M. D., of New York; Solomon S. Satchwell, M. D., of North Carolina; Charles A. Budd, M. D., of New York; Samuel M. Bemiss, M. D., of Louisiana; William Canniff, M. D., of Canada; Theodore R. Varick, M. D., of New Jersey. Secretary, Charles Insler Pardee, M. D. Treasurer, D. B. St. John Roosa, M. D. Orator, Solomon S. Satchwell, M. D. Executive Committee, James H. Anderson, M. D., Stephen J. Clark, M. D., Francis V. White, M. D., F. LeRoy Satterlee, M. D., Joseph T. Monell, M. D.

American Medical Association

The Twenty-third Annual Session will be held in Horticultural Hall, Broad street above Spruce, on Tuesday, May 7, 1872, at 11 A. M.

HOTEL ARRANGEMENTS.

Continental, Chestnut and 9th, \$4 a day.
Girard, Chestnut and 9th, \$3 a day.
La Pierre, Broad below Chestnut, \$3 a day.
Calonnade, Chestnut and 15th, \$3 a day.
St. Cloud, Arch below 8th, \$3 a day.
St. Elmo, Arch above 3d, \$2.50 a day.
American, Chestnut below 6th, \$2.50 a day.
Merchants, 4th above Market, \$2.50 a day.
St. Lawrence, Chestnut below 12th, \$2 a day.
Alleghany, Market below 9th, \$1.75 a day.
St. Charles, 3d below Arch, lodging only, 50 cents a day.
Miller's, 7th and Chestnut, lodging only, \$1.50 a day.
Meals at restaurant of Horticultural Hall, and Petry's, N. W. corner Broad and Walnut, each 50 cents.

BOARDING HOUSES.

318 South Broad, \$2 a day; or \$10 a week.
N. E. corner Broad and Spruce, \$1.50 a day; or \$10 a week.
329 South Broad, \$2 a day; or \$10 a week.
1327 Spruce street, \$2 a day; or \$12 a week.
225 South Broad, \$2.50 a day; or \$12 a week.

RAILROADS.

Union Pacific, return free, if first-class tickets are bought, and an acknowledgment taken from the agent.
Cumberland Valley, excursion tickets.
Orange, Alexandria and Manassas, half fare for return.
Pittsburgh, Cincinnati and St. Louis, excursion tickets.
Pittsburg, Ft. Wayne and Chicago, excursion tickets.
Cleveland and Pittsburg, excursion tickets.
Central railroad of Georgia, return free.
Richmond and Petersburg, return free.
Wilmington and Weidon, excursion tickets one fare.
Wilmington, Columbia and Augusta, excursion tickets one fare.

Kansas Pacific, one and one-fifth fare for excursion.

Atlanta and New Orleans Short Line (A. and W. Pt. Western, Mobile, and M. N. O., M. and Texas Railroads), return free.

Western and Atlantic, excursion tickets one fare.

Western Alabama, excursion tickets one fare.

Evansville and Crawfordsville, excursion tickets.

Lehigh Valley, excursion tickets one fare.

Louisville and Nashville, excursion tickets.

Memphis and Louisville, excursion tickets.

North Pennsylvania, excursion tickets two-thirds fare.

Pennsylvania Central, excursion tickets.

Philadelphia and Erie, excursion tickets.

Philadelphia, Wilmington and Baltimore, excursion tickets.

Philadelphia and Reading, excursion tickets at two thirds.

Baltimore and Ohio, excursion tickets.

Lake Shore and Michigan Southern, excursion tickets if forty are taken.

All who desire to avail themselves of the above rates must send to the Secretary their full names, and the names of *all* the railroads over which they must travel in coming to the session, with stamp for postage.

SPECIAL.

Camden and Amboy, excursion tickets at \$4 from New York to Philadelphia and return, if fifty tickets are taken. For this ticket, send money to Dr. A. E. M. Purdy, 123 East Thirtieth street, New York.

From Montgomery, Ala., to Philadelphia and return (by Tennessee), \$39.80. Apply through Dr. R. F. Michel, Montgomery, Ala.

From Washington and Philadelphia and return, \$6, if 50 tickets are taken.

Central Pacific, half local rates.

This comprises all the roads that have thus far agreed to commute.

W. B. ATKINSON, M. D.,
1400 Pine Street,
Philadelphia.

April 8, 1872.

Items.

—Dr. I. K. BAUDUY, of St. Louis, has recently been elected Professor of psychological medicine, nervous diseases and medical jurisprudence, in the Missouri Medical College.

—Women are still to be debarred from studying medicine in the German universities, the Cultus Minister deciding that there is no demand for lady doctors, and that female physic would be a mere drug in the market.

—The medical faculty of Moscow, Russia, look with favor on female physicians, and have resolved to admit them to the educational courses and lectures of the university, and to the privilege of following all the labors of the Medico Chirurgical Academy.